

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1367128

☐ Termination – See Part 5

List I.D. number:

05, 29, 2014

Date qualified as committee

1/1/

Date qualified as committee
(If applicable)

1/1/

Date of Termination

RECEIVED

2014 SEP -3 AM 9:08

OFFICE OF
THE CITY CLERK
CITY OF NEWPORT BEACH

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

GREENLIGHT, A COMMITTEE THAT OPPOSES MEASURE Y

STREET ADDRESS (NO P.O. BOX)

2007 HIGHLAND DRIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH CA 92660 949-645-1419

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

ABEEK@FLASH.NET

COUNTY OF DOMICILE

ORANGE

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY OF NEWPORT BEACH

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ALLAN BEEK

STREET ADDRESS (NO P.O. BOX)

2007 HIGHLAND DRIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH CA 92660 949-645-1419

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

ALLAN BEEK

STREET ADDRESS (NO P.O. BOX)

2007 HIGHLAND DRIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH CA 92660 949-645-1419

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on SEPT. 2, 2014 By Allan Beek
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
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INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

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COMMITTEE NAME

GREENLIGHT, A COMMITTEE THAT OPPOSES MEASURE Y

I.D. NUMBER

1367128

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

INDEPENDENT BANK NEWPORT BEACH

AREA CODE/PHONE

949-266-6000

BANK ACCOUNT NUMBER

ADDRESS

4525 MACARTHUR BLVD.

CITY

NEWPORT BEACH

STATE

CA

ZIP CODE

92660

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY

NONE

☐ Nonpartisan

☐ Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

MEASURE Y, AMENDING THE CITY GENERAL PLAN

JURISDICTION IS CITY OF NEWPORT BEACH

SUPPORT

OPPOSE

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SUPPORT

OPPOSE

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